

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-14-05.

CPT code 99212 on 3-17-04 was withdrawn by the requestor and will not be a part of this review.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits, neuromuscular re-education, gait training, therapeutic exercises, electrical stimulation and ultrasound from 3-1-04 through 6-25-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$1,604.04.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-10-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding CPT code 99080-DD on 4-7-04: Neither the carrier nor the requestor provided EOB's. There is no "convincing evidence of the carrier's receipt of the provider request for EOB's" according to 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 99080-73 on 6-7-04: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for EOB's in accordance with Rule 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$15.00.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees as outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is applicable to dates of service 3-15-04 through 6-7-04 as outlined above in this dispute. The amount due the requestor for the medical necessity and fee issues is \$1,619.04.

This Decision and Order is hereby issued this 31st day of March 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

## NOTICE OF INDEPENDENT REVIEW DECISION

March 24, 2005

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-05-1445-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 45 year-old male injured his left ankle on \_\_\_\_ when he stepped off a locomotive and fell. His ankle was splinted and he was sent home. The following day he had surgery where screws were placed in the medial aspect of the ankle. He has been treated with medications and therapy.

### Requested Service(s)

Office visits - 99213 and 99211, neuromuscular re-education – 97112, gait training – 97116, therapeutic exercises – 97110, electrical stimulation - 97032, ultrasound – 97035 for dates of service 03/01/04 through 06/25/04

### Decision

It is determined that there is medical necessity for the office visits - 99213 and 99211, neuromuscular re-education – 97112, gait training – 97116, therapeutic exercises – 97110, electrical stimulation - 97032, and ultrasound - 97035 to treat this patient's medical condition for dates of service 03/01/04 through 06/25/04

### Rationale/Basis for Decision

Medical record documentation indicates this patient fractured his left ankle while on the job. This injury required surgery and therapy to promote his recovery. National treatment guidelines allow for this type of treatment for this type of injury. There is sufficient documentation to clinically justify all denied services. Both active and passive therapies are not normally utilized six months after an injury; however, due to the fact the surgical hardware in his ankle had to be removed justifies the need for both types of therapy. Therefore, the office visits, neuromuscular re-education, gait training, therapeutic exercises, electrical stimulation, and ultrasound for dates of service 03/01/04 through 06/25/04 were medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", with a stylized, cursive script.

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm

Attachment

**Information Submitted to TMF for TWCC Review**

**Patient Name:**

**TWCC ID #: M5-05-1445-01**

**Information Submitted by Requestor:**

- Treatment Notes
- Office Visits
- Designated Doctor Dispute
- Maximum Medical Improvement Rating
- Disputes
- Orthopedic Notes
- Designated Doctor Evaluation
- Diagnostic Tests
- Operative Report
- Claims

**Information Submitted by Respondent:**